



**South Carolina Department of Health and Environmental Control**  
**Bureau of Air Quality**  
**Non-Attainment Area**  
**NO<sub>x</sub> and VOC Facility Emissions Statement for 20\_\_\_\_**

**Facility Info**

Facility Name:		Permit No:
Street:	City:	Zip:

**Emissions Contact Information**

Contact Name:	Phone # + ext:	Fax #:	
Mailing Address:	E-mail Address:		
	Mailing City:	Mailing State:	Mailing Zip Code:

**Billing Contact Information**

Contact Name:	Phone # + ext:	Fax #:	
Mailing Address:	E-mail Address:		
	Mailing City:	Mailing State:	Mailing Zip Code:

**NO<sub>x</sub> and VOC Emissions Estimates**

Your facility is required to provide total, facility-wide air emissions estimates for both VOC and NO<sub>x</sub> for the <ei\_year> operating year. Please enter these emission estimates (in tons per year) below.

**NO<sub>x</sub> Emissions (tons per year):** \_\_\_\_\_

**VOC Emissions (tons per year):** \_\_\_\_\_

I certify that the above information is correct to the best of my knowledge.

Print Name:	Title:
Signature:	Date:

## **Instructions for Non-Attainment Area NOx and VOC Facility Emissions Statement:**

This page presents general information of a facility. Most facilities should receive this page with information pre-populated as we currently have it in our database. You should review this information and strike out incorrect data and make corrections. Any missing data should be supplied. If your page does not contain pre-populated data, then please fill it out completely. Once the entire report is complete and has been reviewed, a Facility Official should sign the document and return the completed form to the address provided. This statement shall be submitted to the manager of the Emissions Inventory Section of the Bureau of Air Quality on or before March 31 of each year.

### **Facility Info:**

Facility Name: Company name that is used for mailing. Many companies own two or more facilities. If this is the case for this facility, please indicate the specific name/identifier for this facility.

Permit No: Provide the State Air Quality Operating Permit number for the facility.

Location: Street address or highway number if no street address is available where the facility is located. Not the mailing address if different.

City: City where the facility is located.

Zip: Zip code where the facility is located.

### **Emissions Contact Information:**

Provide information for the Emissions Contact at your facility. This is the person we will call if there are questions concerning the contents of this statement. We have included a field for "E-mail Address" for those who have Internet access. We highly encourage providing it to us since we are relying on electronic communication more and more.

### **Billing Contact Information:**

Provide information for the Billing Contact at your facility. This person will receive all correspondence related to permit fees. If there is a phone number extension, please provide it. We have included a field for "E-mail Address" for those who have Internet access. We highly encourage providing it to us since we are relying on electronic communication more and more.

### **NOx and VOC Emissions Estimates:**

Enter facility-wide NOx and VOC air emissions estimates for the specified operating year.

Documents and guidance can be found at the website noted below and are intended to assist you in calculating your emissions and submitting the information to DHEC.

<http://www.scdhec.gov/environment/baq/ozonenonattainmentreporting.aspx>

Print the name of the Facility Official signing the document, his/her title and date signed and mail the completed statement to the address below.

Manager  
Emission Inventory Section  
Bureau of Air Quality  
SC DHEC  
2600 Bull Street  
Columbia, SC 29201